


Patient Personal Record

 Hobbs, Billie	Sex Male	DOB [REDACTED]	Age 38 yrs
Chart # HOBBI0001	SSN # [REDACTED]	Phone [REDACTED]	(H)

First Name	Billie	Address1	
Last Name	Hobbs	Address2	
Middle Initial		City	
SSN		State	
Suffix		Zip Code	
Father Name		Country	
Mother Name		Preferred Phone	
Mother's Maiden Name		Call Preference Order	
Alias Name		Home Phone	[REDACTED]
Date of Birth	[REDACTED]	Work Phone	
Birth State		Fax	
Sex	Male	Cell Phone	
Guardian		E-mail Address	
Work Status		Driving License	
Industry		Significant Others	
Occupation		Emergency Contact 1	Phone #
Employer		Emergency Contact 2	Phone #
Attorney		Signature on File	
Adjuster		Release of Info Signed	
Student Status		Preferred Language	
Blood Group		Pharmacy	
Race		Consent	
Ethnicity		Disable Health Alerts	No
Smoker		External Rec#	NPI
Marital Status		Treatment Status	
Patient Type		Custom Field1	
Referring Provider		Custom Field2	
Other Ref. Provider		Generate Statement	Yes
Pri. Care Provider		Exemption from Reporting	No
Principal Provider	Dr. Colleen Kennedy	Communication Preference	By Phone
Visit Location	Business Office Dallas	Comments	
Patient Category		No Known Problems	No
		MU Demographic Exclusion	
		Patient Portal Module	Opt Out
		Send Direct Message	Disabled
		Last Payment Date	
		Last Payment Amount	
		Last Modified Date	11/04/2014
		Last Modified By	

**GOVERNMENT
EXHIBIT
609
4:18-CR-368**

Visit Report - Hobbs, Billie - 02/04/2014 0:00 AM(CST) (OmniMD)

Page 1 of 1

Patient : **Hobbs, Billie** Sex : Male

Chart# : HOBBI0001

DOB : [REDACTED]

Phone : [REDACTED] (H), Address : , , ,

Ref By :

DOS : **02/04/2014 0:00 AM(CST)** (15 mins), Location: CIK Business Office Rockwall

Chief Complaint:

Attended By: Dr. Colleen Kennedy (214-775-1356)

Employer:

Allergies

No Allergies Recorded.

Current Medications

Prescriptions and Lab Orders

Diagnoses

DIAGNOSES

Procedures

PROCEDURES

Disposition

Patient Billie Hobbs		DOB [REDACTED]	
Home Phone [REDACTED]		Insurance Info	
Address [REDACTED]		Carrier:	
City MESQUITE	State TX	Bin#	PCN#
Allergies	Diag.	Group #	
		Workers Comp	Yes No
		DOI	Claim #

Back & Radicular Pain

- ☐ **BRP-33**
- Clonidine 0.20%
 - Gabapentin 6%
 - Flurbiprofen 10%
 - Bupivacaine HCL 5%
 - Magnesium Chloride 10%
 - Dextromethorphan HBr 10%
- ☐ **BRP-4**
- Gabapentin 6%
 - Clonidine 0.1%
 - Diclofenac 2%
 - Lidocaine 2%
 - Pentoxifylline 2%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)

Neuropathic & Chronic Pain

- ☐ **NCP-55**
- Baclofen 2%
 - Gabapentin 6%
 - Imipramine 3%
 - Nifedipine 2%
 - Bupivacaine HCL 5%
 - Magnesium Chloride 15%
 - Dextromethorphan HBr 5%
 - Flurbiprofen 10%
- ☐ **NCP-88**
- Baclofen 2%
 - Cyclobenzaprine 2%
 - Flurbiprofen 15%
 - Gabapentin 6%
 - Magnesium Chloride 15%
 - Dextromethorphan HBr 5%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)

- ☒ **NCP-7**
- Flurbiprofen 20%
 - Baclofen 2%
 - Cyclobenzaprine 2%
 - Gabapentin 6%
 - Lidocaine 2.5%
- ☐ **NCP-99**
- Baclofen 2%
 - Cyclobenzaprine 2%
 - Gabapentin 6%
 - Bupivacaine HCL 5%
 - Diclofenac 5%
 - Magnesium Chloride 15%
 - Dextromethorphan HBr 10%

(Dispensing Quantity: 300mLs OR Other Quantity: **240**)
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: **PRN**)

General Pain / Inflammation

- ☐ **GPI-2**
- Tramadol 5%
 - Flurbiprofen 20%
 - Cyclobenzaprine 2%
 - Baclofen 2%
- ☐ **OTHER FORMULATION**

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: **PRN**)

Alternative SIG: _____

Prescriber Name: Colleen Kennedy, MD

NPI # 1508897810

Lic. #: M7325

DEA #: BK8400068

Address: 1309 Ridge Rd, Ste107, Rockwall, TX 75087

Phone #: 214-775-1356

Fax #: 214-613-2231

Signature (Note: Manual Signature Required for CS)

Date: 2/4/19

Note: Ketamine is Schedule III controlled substance.

Specialty

- ☒ **SCAR**
- Fluticasone Propionate 1%
 - Levofloxacillin Dihydrochloride 2%
 - Pentoxifylline 0.5%
- ☐ **For painful scars add:**
- Prilocaine 3%
 - Gabapentin 15%
- ☐ **DERM-5: CONTACT DERMATITIS**
- Fluticasone 1%
 - Methylcobalamin 0.07%
 - Coenzyme Q10 4%
- ☐ **Contact Dermatitis with pain add:**
- Lidocaine 2%
 - Hydroxyzine 2%

- ☐ **DERM-2: TOPICAL ANTI FUNGAL CREAM**
- Fluticasone 1%
 - Fluconazole 2%
 - Pentoxifylline 0.5%
 - Lidocaine 2%
 - Hydroxyzine 2%

- ☐ **DERM-3: ANTI FUNGAL NAIL LOTION**
- Fluticasone 1%
 - Fluconazole 2%
 - Urea 15%

- ☐ **DERM-6: PSORIASIS**
- Fluticasone 1%
 - Methylcobalamin 0.07%
 - Coenzyme Q10 4%
 - Vitamin D3 0.05%
 - Tretinoin 0.02%

- ☐ **DERM-7: PLANTAR FASCIITIS**
- Diclofenac 5%
 - Baclofen 2%
 - Fluticasone 1%
 - Lidocaine 2%
 - Verapamil Hydrochloride 10%

(Dispensing Quantity: 300mLs OR Other Quantity: **240**)
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: **PRN**)

Metabolic Supplements


- ☒ **MS-2: GENERAL WELLNESS**
- MS-21: Methylcobalamin 20mg, Pyridoxal-5-Phosphate 70mg, 5-MTHF 10mg (SIG: Take 1 capsule by mouth twice daily; Dispense: 60 OR Alternative SIG: **PRN**)
 - MS-22: Coenzyme Q10 100mg, Alpha Lipoic Acid 250mg, N-Acetylcysteine 250mg, Vit D3 1,000IU (SIG: Take 2 capsules by mouth once daily; Dispense: 60 OR Alternative SIG: **PRN**)
- ☐ **MS-3: GENERAL WELLNESS**
- MS-31: Resveratrol Powder 100mg, Piperine 20mg (SIG: Take 2 capsules by mouth once daily; Dispense: 60 OR Alternative SIG: _____)
 - MS-32: Hydrocobalamin 20mg, Coenzyme Q10 100mg, Alpha Lipid Acid 250mg, Vit D3 1,000IU (SIG: Take 2 capsules by mouth once daily; Dispense: 60 OR Alternative SIG: _____)

CONFIDENTIAL**KEN001665**

GX609.003

DOJ_18CR368-0117828

Patient Personal Record

 Hobbs, Paul	Sex	Male	DOB	[REDACTED]	Age	39 yrs
Chart # HOBPA0001	SSN #		Phone	[REDACTED]	(H)	

First Name	Paul	Address1	
Last Name	Hobbs	Address2	
Middle Initial		City	
SSN		State	
Suffix		Zip Code	
Father Name		Country	
Mother Name		Preferred Phone	
Mother's Maiden Name		Call Preference Order	
Alias Name		Home Phone	[REDACTED]
Date of Birth	[REDACTED]	Work Phone	
Birth State		Fax	
Sex	Male	Cell Phone	
Guardian		E-mail Address	
Work Status		Driving License	
Industry		Significant Others	
Occupation		Emergency Contact 1	Phone #
Employer		Emergency Contact 2	Phone #
Attorney		Signature on File	
Adjuster		Release of Info Signed	
Student Status		Preferred Language	
Blood Group		Pharmacy	
Race		Consent	
Ethnicity		Disable Health Alerts	No
Smoker		External Rec#	NPI
Marital Status		Treatment Status	
Patient Type		Custom Field1	
Referring Provider		Custom Field2	
Other Ref. Provider		Generate Statement	Yes
Pri. Care Provider		Exemption from Reporting	No
Principal Provider	Dr. Colleen Kennedy	Communication Preference	By Phone
Visit Location	Business Office Dallas	Comments	
Patient Category		No Known Problems	No
		MU Demographic Exclusion	
		Patient Portal Module	Opt Out
		Send Direct Message	Disabled
		Last Payment Date	
		Last Payment Amount	
		Last Modified Date	11/04/2014
		Last Modified By	

Visit Report - Hobbs, Paul - 02/04/2014 0:00 AM(CST) (OmniMD)

Page 1 of 1

Patient : **Hobbs, Paul** Sex : Male

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Address : , , ,

Ref By :

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PROCEDURES

Disposition

			
Subscriber Name: PAUL G. HOBBS		Plan: ActiveCare 2	
Identification Number: ISD837515572			
Group Number: 085000		Primary Care \$30	
Coverage Date: 01/01/14		Specialist Care \$50	
		Emergency Room \$150	
TRS ER copay in addition to 20% after deductible			
			

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KEN001668

DOJ_18CR368-0117831

Patient PAUL Hobbs		DOB [REDACTED]	
Home Phone		Cell Phone	
Address [REDACTED]			
City MESQUITE	State TX	Zip 75149	
Allergies		Diag.	

Insurance Info		
Carrier:		
Bin#	PCN#	
Group #		
Workers Comp	Yes	No
DOI	Claim #	

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NPI # **1508897810**

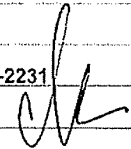
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DOJ_18CR368-0117832